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Total Number of Pages in This Submission

Application Number	10/766,566
Filing Date	01/27/2004
First Named Inventor	RABINOWITZ, Joshua D.
Art Unit	1616
Examiner Name	HAGHIGHATIAN, Mina
Attorney Docket Number	00026.05CON

ENCLOSURES (Check all that apply)									
V	Fee Trans	smittal Fo			Drawing(s) Licensing-related Papers			Appea	Illowance Communication to TC Communication to Board eals and Interferences
, 000	After Final Affidavits/declaration(s) Extension of Time Request Express Abandonment Request Information Disclosure Statement				Petition Petition to Convert to a Provisional Application Power of Attorney, Revoca Change of Correspondence Terminal Disclaimer Request for Refund CD, Number of CD(s) Landscape Table on	e Address		(Appea Proprie Status	Enclosure(s) (please Identify
	Certified Copy of Priority Document(s) Reply to Missing Parts/ Incomplete Application Reply to Missing Parts under 37 CFR 1.52 or 1.53 Remarks PTO/SB/26 Terminal Disclaimer (1 pp.) PTO/SB/25 Terminal Disclaimer (1 pp.) PTO/SB/17 Fee Transmittal (1 pp., 2 copies) Response to Office Action (2 pp.) Return Postcard								
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Signat	ure	WAN	r.L. Len	bens	h_				
Printed	d name		L. Leschensky						
Date	Date February 14, 2005			Reg.		Reg. No.	38,951	,951	
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sufficie	I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:								
Signat	Signature WAM L Le Lunda								
Typed	Typed or printed name William L. Leschensky Date February 14, 2005								

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FEE TRANSMITTAL For FY 2005

\square	Applicant	claims	smali	entity	status.	See	37	CFR	1.27

TOTAL AMOUNT OF PAYMENT (\$) 195.00

Complete if Known					
Application Number	10/766,566				
Filing Date	01/27/2004				
First Named Inventor	RABINOWITZ, Joshua D.				
Examiner Name	HAGHIGHATIAN, Mina				
Art Unit	1616				
Attorney Docket No.	00026.05CON	_			

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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below	Check Credit	Card L	Money Order	None	Other (please identify)	:		
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SUBMITTED BY									
Signature	Wind farbensh	Registration No. (Attomey/Agent) 38,951	Telephone (650) 687-3926						
Name (Print/Type)	William L. Leschensky		Date February 14, 2005						

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